



**APPLICATION FOR EMPLOYMENT
HARFORD COUNTY GOVERNMENT
DEPARTMENT OF HUMAN RESOURCES**

112 HAYS STREET BEL AIR, MARYLAND 21014-3865

410-638-HIRE - www.harfordcountymd.gov - 410-638-3201 - fax: 410-879-3564

(This application must be typed or printed in ink – attach additional sheets if necessary)

VACANCY NO. _____ TITLE _____ CLOSING DATE _____
(Give Exact Title)

NAME _____ SOCIAL SEC. # _____
(Last) (First) (Middle)

Present Address _____

Telephone # _____

Drivers Lic. # _____ State _____ Class _____ Expires _____

Is this a CDL driver's license? Yes _____ No _____

If yes, please list all endorsements _____

Please list any Learner's Permits that you possess _____

Is your driver's license suspended? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please give nature of crime(s),
year(s) of conviction(s): _____

Date of Birth (Law Enforcement, Corrections, and Public Safety Dispatcher applications only) _____

EDUCATION: ARE YOU A HIGH SCHOOL GRADUATE? Yes _____ No _____

NAME OF HIGH SCHOOL _____

HIGH SCHOOL EQUIV. CERT. OR GED# OR STATE WHICH GRANTED CERTIFICATE _____

LIST ANY PROFESSIONAL/TECHNICAL LICENSES, THE AUTHORIZING STATE AND DATE OF EXPIRATION _____

List College, Technical School, or other advanced training

Name	From (Month/Year)	To (Month/Year)	Degree/BA, BS, MA Major

MILITARY SERVICE: Branch _____ Type Discharge _____

Years/Served: From _____ To _____ Rank at Discharge _____

Primary and Secondary MOS _____ Are you claiming Veterans Preference? _____ Yes _____ No

If yes, you must attach a copy of either your Certificate of Honorable Discharge, Certificate of Satisfactory Completion of Military Service or VA certificate to the application at the time of submittal.

HARFORD COUNTY IS AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

If mailing application with resume, be sure to affix adequate postage to ensure delivery.

EMPLOYMENT HISTORY

INSTRUCTIONS: PLEASE READ THESE INSTRUCTIONS CAREFULLY, IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, ALL INFORMATION MUST BE COMPLETED ACCURATELY. IF YOU HAVE QUESTIONS, PLEASE CALL THE DEPARTMENT OF HUMAN RESOURCES FOR HELP.

1. LIST YOUR PRESENT AND PAST EMPLOYERS, STARTING WITH THE **CURRENT** EMPLOYER FIRST.
2. **IF YOU ARE A CURRENT COUNTY EMPLOYEE, PLEASE INDICATE THAT THE COUNTY IS YOUR CURRENT EMPLOYER AND PROVIDE THE DETAILS OF YOUR JOB AS ASKED.**
3. PROVIDE THE NAME(S) OF YOUR IMMEDIATE SUPERVISOR(S) IN YOUR PAST AND CURRENT POSITIONS.
4. LIST THE NAME, ADDRESS, AND PHONE NUMBER OF ALL YOUR PAST AND CURRENT EMPLOYERS (USE ADDITIONAL PAPER IF NECESSARY).
5. LIST ACCURATE MONTHS/DATES OF EMPLOYMENT FOR EACH PAST AND CURRENT EMPLOYER.

Employer Name: _____

Address: _____

Street

City

State

Zip

Telephone # _____ Name and Title
of Supervisor _____

Salary _____ Employed From _____ to _____
MONTH/YEAR MONTH/YEAR

Job Title and Duties _____

Reason for leaving _____

May we contact this employer for references? Yes ☐ No ☐

Employer Name: _____

Address: _____

Street

City

State

Zip

Telephone # _____ Name and Title
of Supervisor _____

Salary _____ Employed From _____ to _____
MONTH/YEAR MONTH/YEAR

Job Title and Duties _____

Reason for leaving _____

Employer Name: _____

Address: _____

Street

City

State

Zip

Telephone # _____ Name and Title
of Supervisor _____

Salary _____ Employed From _____ to _____
MONTH/YEAR MONTH/YEAR

Job Title and Duties _____

Reason for leaving _____

DESCRIBE ANY SIGNIFICANT VOLUNTEER WORK WHICH MAY BE USED TO QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING; LIST DATES AND PERSON TO CONTACT FOR REFERENCES.

LIST BELOW ANY ADDITIONAL INFORMATION YOU CONSIDER PERTINENT TO YOUR APPLICATION FOR EMPLOYMENT INCLUDING SPECIAL SKILLS SUCH AS OPERATION OF OFFICE EQUIPMENT, VEHICULAR EQUIPMENT, COMPUTERS, ETC.

PLEASE INDICATE THE SOURCE FROM WHICH YOU LEARNED OF THIS POSITION.

- ☐ Newspaper (Name) _____ ☐ County Employee
☐ Bulletin Board (Posted Where) _____ ☐ Other (Specify) _____
☐ Job Recording (Hire Line) _____ ☐ Internet

LIST THREE PERSONAL REFERENCES (NOT RELATED TO YOU)

Name _____ Telephone # _____

Address _____

Name _____ Telephone # _____

Address _____

Name _____ Telephone # _____

Address _____

Do you have any relatives employed with Harford County Government? Yes ☐ No ☐

If yes, state name, relationship, and work location _____

Have you previously been employed by Harford County Government? If so, please provide the dates and department.

Are you currently an employee of Harford County Government? Yes ☐ No ☐

IF YOU ARE CURRENTLY A HARFORD COUNTY GOVERNMENT EMPLOYEE, PLEASE COMPLETE THE FOLLOWING SECTION.

Have you been compensated for working out of classification in the position title for which you are submitting this application? Yes ☐ No ☐

If yes, please provide the dates you were compensated for working out of classification.

Have you participated in Harford County Government's Training Program? Yes ☐ No ☐

If yes, please provide the title of training classes you have taken:

APPLICATION INFORMATION

THE FOLLOWING INFORMATION IS VOLUNTARY:

The information below is requested to meet the requirements of certain federal agencies and will be seen and tabulated by the Department of Human Resources only. It is confidential information and will not be used in any employment decision.

Position applied for _____
(job title as listed on front of application)

Sex: Male (☐) Female (☐) Date of Birth _____

Race/Ethnic Information – Check one:

☐ **White** – not of Hispanic origin – A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

☐ **Black** – not of Hispanic origin – A person having origins in any of the Black racial groups of Africa.

☐ **Hispanic** – A person of Puerto Rican, Mexican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.

☐ **Asian or Pacific Islander** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. Examples: China, Japan, Korea, the Philippines, Samoa

☐ **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and who maintains tribal affiliation or community recognition.

PLEASE BE SURE ALL PAGES HAVE BEEN COMPLETED

CANDIDATE SELECTED FOR POSITION MUST PERFORM ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION AND MUST UNDERGO AND PASS A COUNTY PRE-EMPLOYMENT MEDICAL EXAM TO INCLUDE URINE DRUG SCREENING.

Applications for any position requiring a Commercial Driver's License will be required, as a condition of employment, to sign a release authorizing Harford County Government to obtain alcohol and controlled substance use and/or test records from previous employers.

SIGNATURE IS REQUIRED FOR THE FOLLOWING AUTHORIZATIONS AND ACKNOWLEDGEMENT OF INFORMATION:

Please **READ** carefully before signing: If you have used any other name in previous employment, please provide us with the name used at your prior place of employment. **PRINT OR TYPE YOUR NAME AS WELL AS SIGNING YOUR LEGAL SIGNATURE.**

I AUTHORIZE THE HARFORD COUNTY DEPARTMENT OF HUMAN RESOURCES TO INVESTIGATE ANY AND ALL STATEMENTS MADE ON THIS APPLICATION, INCLUDING ANY DRIVING RECORD. SUCH AUTHORIZATION INCLUDES OBTAINING RECORDS FROM PAST EMPLOYERS, EDUCATIONAL TRANSCRIPTS, LAW ENFORCEMENT AGENCIES AND/OR CREDIT REPORTING SERVICES. I ALSO AUTHORIZE HARFORD COUNTY TO PERFORM A CRIMINAL BACKGROUND CHECK INCLUDING, BUT NOT LIMITED TO, FINGERPRINTING AND CRIMINAL RECORD REVIEW. IF ANY MISREPRESENTATION HAS BEEN MADE OR IF THE RESULTS OF THE INVESTIGATION ARE UNSATISFACTORY, ANY OFFER OF EMPLOYMENT MAY BE WITHDRAWN; IN THE EVENT THAT I AM ALREADY EMPLOYED BY HARFORD COUNTY, MY EMPLOYMENT MAY BE TERMINATED.

The following notice applies to everyone except applicants for law enforcement officer positions as defined by Section 3-101 of the Public Safety Article of the Annotated Code of Maryland:

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.00.

MAKE SURE YOU HAVE COMPLETED ALL APPLICABLE SECTIONS ON THIS APPLICATION FORM AND SIGN IT BELOW. THIS APPLICATION WILL NOT BE CONSIDERED IF YOU HAVE NOT FILLED IT OUT COMPLETELY, OR HAVE NOT SIGNED IT.

Printed/Typed Full Name _____ Soc. Sec. # _____

Printed/Typed Full Name Used
at Prior Places of Employment _____

Signature _____ Date _____

LIST A TELEPHONE NUMBER WHERE YOU CAN BE REACHED TO SCHEDULE AN INTERVIEW AND WHAT
HOURS ARE BEST TO CALL THIS NUMBER _____

HARFORD COUNTY GOVERNMENT IS A DRUG FREE WORKPLACE/SMOKE FREE WORK ENVIRONMENT

HARFORD COUNTY

~ Preserving Harford's past; promoting Harford's future ~